

**2016 Detroit Free Press/Talmer Bank Marathon**  
Sunday, October 16, 2016

Event Contact List

<b>Barbara Bennage-</b> Executive Race Director	313-715-5298
<b>Bill Ewing-</b> Operations Director	248-231-6410
<b>Jenny Atas, M.D.-</b> Medical Director	586-381-0981
<b>Kevin Wilson-</b> Course Director	734-775-7509
<b>Matt Scodellaro-</b> Health & Fitness Expo Director	248-633-4673
<b>TBD-</b> Security Director or Company	
<b>Kevin Gilday-</b> Communications Director	810-499-2415
<b>Mary Dorazio-</b> Marathon Relay Director	810-224-2027
<b>Mari Anzicek-</b> Start-Finish Area Director	248-770-1497
<b>Heather Pacheco-</b> 5K / Kids Fun Director	810-923-4772
<b>Gary Kidd-</b> Parking & Trash/Recycling Manager	419-360-4510
<b>Chris Stillwell-</b> (Metro Engineering Solutions- Barricades)	313-213-9086
<b>Event Command Post</b>	<b>734-818-0611</b>
<b>Event MedCom</b> (Medical Communications)	<b>734-664-5080</b>
<b>Sergeant Lolita Carter-</b> (Detroit Police Department)	313-492-8762
<b>Officer Felicia Evans-</b> (Detroit Police Department)	313-614-3746
<b>Staff Sergeant Dave Kigar-</b> (Windsor Police Service)	519-982-3155
<b>Randy Spader-</b> (Ambassador Bridge)	313-363-2871
<b>Robert Howell-</b> (Detroit-Windsor Tunnel)	519-977-3838

Red- New Appointees

Bill Ewing Operations Director 17Jun16
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## MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle): ☒ **APPROVED** ☐ **DENIED** ☐ **N/A** ☐ **CANCELED**

Petition #: 1234 Event Name: DTE Energy Oktoberfest

Event Date : October 6, 2016

Street Closure: \_\_\_\_\_

Organization Name: DTE Engery

Street Address: One Energy Plaza Detroit 48221

Receipt date of the <b>COMPLETED</b> Special Events Application:	August 3, 2016
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Walkathon                                | <input type="checkbox"/> Carnival/Circus       | <input type="checkbox"/> Concert/Performance                          | <input type="checkbox"/> Run/Marathon        |
| <input type="checkbox"/> Bike Race                                | <input type="checkbox"/> Religious Ceremony    | <input type="checkbox"/> Political Ceremony                           | <input type="checkbox"/> Festival            |
| <input type="checkbox"/> Filming                                  | <input type="checkbox"/> Parade                | <input type="checkbox"/> Sports/Recreation                            | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Fireworks                                | <input type="checkbox"/> Convention/Conference | <input checked="" type="checkbox"/> Other: <u>Company celebration</u> |  |
| <input checked="" type="checkbox"/> <b>24-Hour Liquor License</b> |  |   |  |

**Petition Communications** (include date/time)

Employee appreciation event

**\*\* ALL permits and license requirements must be fulfilled for an approval status \*\***

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Event on private property - Liquor License required
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tent inspection required
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No ROW permit required
	Health Dept.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No street closures
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Permit required for tent and generators
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No impact on buses

**MAYOR'S OFFICE**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Eric Varian*  
8-12-16

Janice M. Winfrey  
City Clerk

City of Detroit  
OFFICE OF THE CITY CLERK

Vivian A. Hudson  
Deputy City Clerk

**DEPARTMENTAL REFERENCE COMMUNICATION**

*Wednesday, August 03, 2016*

*To: The Department or Commission Listed Below*

*From: Janice M. Winfrey, Detroit City Clerk*

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The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

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MAYOR'S OFFICE    DPW - CITY ENGINEERING DIVISION  
POLICE DEPARTMENT    FIRE DEPARTMENT  
BUILDINGS SAFETY ENGINEERING    BUSINESS LICENSE CENTER

**1234**    *DTE Engery, request to host "Oktoberfest" at One Energy Plaza on October 6, 2016 from 5:00pm to 7:30pm.*

#1234

## City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the special events guidelines, please print them out for reference. You are required to complete the information below so that the City of Detroit can gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the City of Detroit Clerk's Office at least 60 days prior to the first day of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets or maps as needed.

### Section 1- GENERAL EVENT INFORMATION

Event Name: Oktoberfest  
 Event Location: DTE Energy One Energy Plaza Detroit, MI 48201

### Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: DTE Energy  
 Organization Mailing Address: One Energy Plaza Detroit, MI 48201  
 Business Phone: 313.235.9554 Business Fax: \_\_\_\_\_  
 Federal Tax ID # 38-3217752

*If registered as a non-profit, indicate non-profit ID number and attach a copy of the certificate.*

Applicant Name: Sarah K. Robb  
 Title/Role: Campaign Chair  
 Email Address: Sarah.robbs@dteenergy.com  
 Mailing Address: One Energy Plaza, NXB 1545 Detroit, MI 48226  
 Business Phone: 313.235.9554 Business Fax: \_\_\_\_\_

Event On-Site Contact Person:

Mailing Address: See Above  
 Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

*List name/phone number of person(s) authorized to make decisions for the organization/event (indicate role/responsibility).*

List Event Sponsors: Shawn Patterson, VP Organizational Effectiveness

Event Elements (check all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Walkathon             | <input type="checkbox"/> Carnival/Circus   | <input type="checkbox"/> Concert/Performance                        |
| <input type="checkbox"/> Run/Marathon          | <input type="checkbox"/> Bike Race         | <input type="checkbox"/> Religious Ceremony                         |
| <input type="checkbox"/> Political Event       | <input type="checkbox"/> Festival          | <input type="checkbox"/> Filming                                    |
| <input type="checkbox"/> Parade                | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration                        |
| <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Fireworks         | <input checked="" type="checkbox"/> Other: <u>Recognition Event</u> |

Provide a brief description of your event:

This recognition event is for DTE employees who have contributed to United Way. There will be music, food, drinks, music and a large 40'x40' tent.

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date & Time: 12pm Oct 6 Complete Set-up Date & Time: 4pm Oct 6  
Event Start Date & Time: 5:00pm Event End Date & Time: 7:30pm  
Begin Tearing Down Date: Oct 6 Complete Tear Down Date: Oct 7

Event Times (If more than one day, give times for each day):

Event tent will be put up day of event, tear down will take place day after.

Is this the first time you have held this event in the City of Detroit? ☐ Yes ☒ No

If no, what years has the event been held in Detroit? 2015.

When was the event last held in Detroit? October 2015.

Where was the event last held in Detroit? DTE HQs Backyard.

What were the hours last year? 5-7pm.

Project Attendance This Year (Minimum - Maximum)? 200-400

What is the basis for your projected attendance? Employee Engagement metrics are projected to be higher in 2016.

Please describe your anticipated/ target audience:

Is this going to be an annual event? ☐ Yes ☒ No

If yes, do you have a preferred/proposed for next year?

If a parade is planned. Indicate elements (check all that apply):

☐ People ☐ Balloons

☐ Floats ☐ Animals

☐ Vehicles ☐ Other: \_\_\_\_\_

☐ Bands

If animals included, specify type, number and how used.

Name of business supplying animal(s):

Contact Person:

Address: Phone:

City/State/Zip:

Address: One Energy Plaza, Detroit, MI 48226 Phone: 313.235.2921  
City/State/Zip: \_\_\_\_\_

**Section 5- COMMUNICATION/ADVERTISING STRATEGY**

Check all applicable boxes that describe the type of promotion you plan to use to attract participants:

- ☐ Radio (Specify stations):  
☐ Television (Specific stations):  
☐ Newspapers (specify papers):  
☐ Web site (identify web address):  
☐ Public Relations or Marketing Firm (Specify):

Contact Info:

☐ Raffle (List Item(s)):

☐ Billboards

☐ Flyers

☐ Street Banners

☒ Other (specify): Private Event

NOTE: All raffles subject to laws of State/City.

**Section 6- SALES INFORMATION**

Will there be advanced ticket sales? ☐ Yes ☒ No  
If yes, please describe: \_\_\_\_\_

Will there be on-site ticket sales? ☐ Yes ☒ No  
If yes, list price(s): \_\_\_\_\_

Will food be sold? ☐ Yes ☒ No  
If yes, please pick up Special Events Vendor Packet in Suite 105: \_\_\_\_\_

Will merchandise be sold? ☐ Yes ☒ No  
If yes, describe: \_\_\_\_\_

Will a percentage of the proceeds be distributed to a charitable organization? ☒ Yes ☐ No

If yes, describe: Gifts will be encouraged to give, not requested to attend

If the event is a fundraiser, identify charity or recipient of funds:

United Way

Will there be vending or sales? ☒ Yes  
If yes, check all that apply:

☒ Food

☐ Merchandise

☒ Non-Alcoholic Beverages

☒ Alcoholic Beverages

☐ Other (specify): \_\_\_\_\_

Indicate type of items to be sold:

None will be sold.

### Section 3- LOCATION/SITE INFORMATION

Location of Event:

DTE HQ backyard

Facilities to be used (circle):

Street

Sidewalk

Park

City Facility

Please attach a site plan which illustrates the anticipated layout of your event including the following:

- Public entrance and exit
- Location of merchandising booths
- Location of food booths
- Location of garbage receptacles
- Location of beverage booths
- Location of sound stages
- Location of hand washing sinks
- Location of portable restrooms

- Location of First Aid
- Location of fire lane
- Proposed route for walk/run
- Location of tents and canopies
- Sketch of street closure
- Location of bleachers
- Location of press area
- Sketch of proposed light pole banners

### Section 4- ENTERTAINMENT

What type of entertainment will be used? (check all that apply)

☐ Singers

☐ Magician

☐ Musicians

☐ Story Telling

☐ Comedians

☒ Other: Recorded music

Describe the entertainment for this year's event:

This will be a social networking event attendees will be recognized for their contributions to United Way

List proposed entertainers and/or bands performing at the event:

N/A

Will a sound system be used?

☒ Yes

☐ No

If yes, what type of sound system?

☐ Acoustic-audible, sound heard within natural range

☒ Amplified-augmented, sound increased to broaden range

The amplified sound will be used:

in a way that is respectful to the neighborhood

Will the event consist of a musical concert? ☐ Yes

☒ No

If yes, what type of music? (check all that apply)

☐ Live

☐ Recorded

☐ Karaoke/Lip-synch

Describe specific power needs for entertainment and/or music:

Generator

How many generators will be used?

1-2

How will the generators be fueled?

Diesel

Name of vendor providing generators:

Contact Person:

Amant Shari Boyer Shari.Boyer@att.net



Will these be exclusive vendors or outside vendors? (please describe):

Exclusive Vendors

### Section 7- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Existing park contract security will be used.

Contact Person:

Maurice Johnson

Address:

One Energy Plaza

Phone:

City/State/Zip:

Detroit, MI 48226

Number of Private Security Personnel Hired Per Shift:

Are the private security personnel (check all that apply):

☒ Licensed

☐ Armed

☒ Bonded

Describe the emergency evacuation plan:

Describe the parking plan to accommodate anticipated attendance:

MGM parking structure

How will you advise attendees of parking options?

MGM is our designated parking structure

Are you seeking a group parking rate?

No

### Section 8- COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

No impact

Have local neighborhood groups/businesses approved your event?

☐ Yes

☐ No

Indicate what steps you have or will take to notify them of your event:

Indicate contact names and phone numbers (for verification) or attach approved letter(s):

### Section 9- EVENT SET-UP

Complete the appropriate categories that apply to the event.  
Structure

How Many?

Size/Height

Booth

Tent (enclosed on 3 sides)

40x40 ft.

Canopy (open on all sides) \_\_\_\_\_

Staging/Scaffolding \_\_\_\_\_

Bleachers \_\_\_\_\_

Company: \_\_\_\_\_

Grill

☐ Gas

☐ Charcoal

☒ Electrical

☐ Propane

Fireworks (Pyrotechnics)

☐ Aerial

☐ Stage

Provide Sketch:

Portable Restrooms:

☐ Standard

☐ ADA Accessible

Vehicles

Type/Weight:

Other:

Then on 115 rooms directly inside building

NOTE: Specific requirements must be met and special approval must be received by the Detroit Fire Department.

Will additional electrical wiring need to be installed? Specify locations, voltage, amperage, and phase.

No

Will additional utility services be used (power, water, etc.)? Please describe.

No

Do you plan a fireworks display? List dates, time, location, vendor, and attach certificate of insurance.

No.

### Section 10- COMPLETE ALL THAT APPLY

Name of Sanitation Company collecting refuse and garbage?

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Name of company providing emergency medical services?

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Name of company providing porta-johns.

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Name of private catering company?

Contact Person: Steve Soto-Reyes

Address: One Energy Plaza

Phone: 313.235.2921

City/State/Zip: Detroit, MI 48226

#### SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval.

Attach a map or sketch of the proposed area for closure.

STREET NAME: \_\_\_\_\_

FROM \_\_\_\_\_

TO \_\_\_\_\_

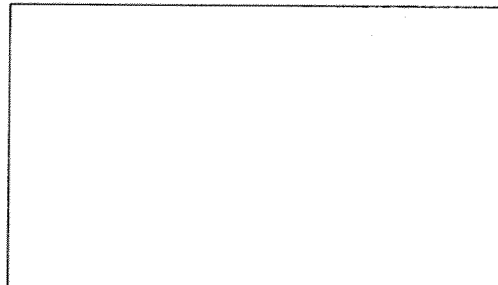
Closure Dates: \_\_\_\_\_

Beg. Time: \_\_\_\_\_

End Time: \_\_\_\_\_

Reopen Date: \_\_\_\_\_

Time: \_\_\_\_\_



STREET NAME: \_\_\_\_\_

FROM \_\_\_\_\_  
TO \_\_\_\_\_

Closure Dates: \_\_\_\_\_  
Beg. Time: \_\_\_\_\_  
End Time: \_\_\_\_\_  
Reopen Date: \_\_\_\_\_  
Time: \_\_\_\_\_

STREET NAME: \_\_\_\_\_

FROM \_\_\_\_\_  
TO \_\_\_\_\_

Closure Dates: \_\_\_\_\_  
Beg. Time: \_\_\_\_\_  
End Time: \_\_\_\_\_  
Reopen Date: \_\_\_\_\_  
Time: \_\_\_\_\_

STREET NAME: \_\_\_\_\_

FROM \_\_\_\_\_  
TO \_\_\_\_\_

Closure Dates: \_\_\_\_\_  
Beg. Time: \_\_\_\_\_  
End Time: \_\_\_\_\_  
Reopen Date: \_\_\_\_\_  
Time: \_\_\_\_\_

#### Requested City Equipment

Provided In: \_\_\_\_\_ (year)

Current Request: \_\_\_\_\_ (year)

Street Closures:

☐ Posting no parking signs

☐ Light pole

☐ Electrical Services

☐ Storage for Trailers/Trunks


Barricades are not available from the City of Detroit.


#### ADDITIONAL INFORMATION

Is there any additional information that you feel is important to mention regarding your event or additional requests?

**AUTHORIZATION & AFFIDAVIT OF APPLICANT**

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulation established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

  
\_\_\_\_\_  
Signature of Applicant

  
\_\_\_\_\_  
Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

# APPLICATION FOR PERMIT/SPECIAL EVENT

## DETROIT FIRE DEPARTMENT FIRE MARSHAL DIVISION

250 W. Larned Street, Detroit, Michigan 48226  
Phone: 313-596-2931 Fax: 313-596-2978

For Office Use Only

Fee Paid: \_\_\_\_\_  
IRC Approval: \_\_\_\_\_  
B&SE C/O: \_\_\_\_\_  
C/A: \_\_\_\_\_  
App. #: \_\_\_\_\_ Permit #: \_\_\_\_\_

PLEASE TYPE OR PRINT LEGIBLY:

1. Applicant Name: Sarah K. Robb Position: \_\_\_\_\_
2. Business/Company Name: DTE Energy
3. Business Address: One Energy Plaza Detroit, MI 48226
4. Office Phone: 313-235-9554 Alternate Phone: 313-219-7076 Fax: \_\_\_\_\_
5. Site (Permit Location) Address: One Energy Plaza Detroit, MI 48226
6. Site Operational Building (square feet): \_\_\_\_\_
7. Names and addresses (no P.O. Box) of all principals and/or persons responsible for the special event. Shawn Patterson, Sarah Robb
8. Provide detail sheets for special effects (fireworks, pyrotechnics, live burns, etc.):  
Oktoberfest theme, large tent, music games
9. On a separate sheet, describe, with specificity, the special event/activity at Site and submit a Site Plan.
10. On a separate sheet, provide the details of any safety precautions taken or Fire/Police equipment needed.
11. Attach plans/drawings detailing where and how hazardous materials will be stored on the premises.
12. Attach a current copy of the certificate of insurance/bond for the business operations of the entity requesting this permit.

### AFFIDAVIT OF APPLICANT

State of Michigan )  
County of \_\_\_\_\_ ) ss

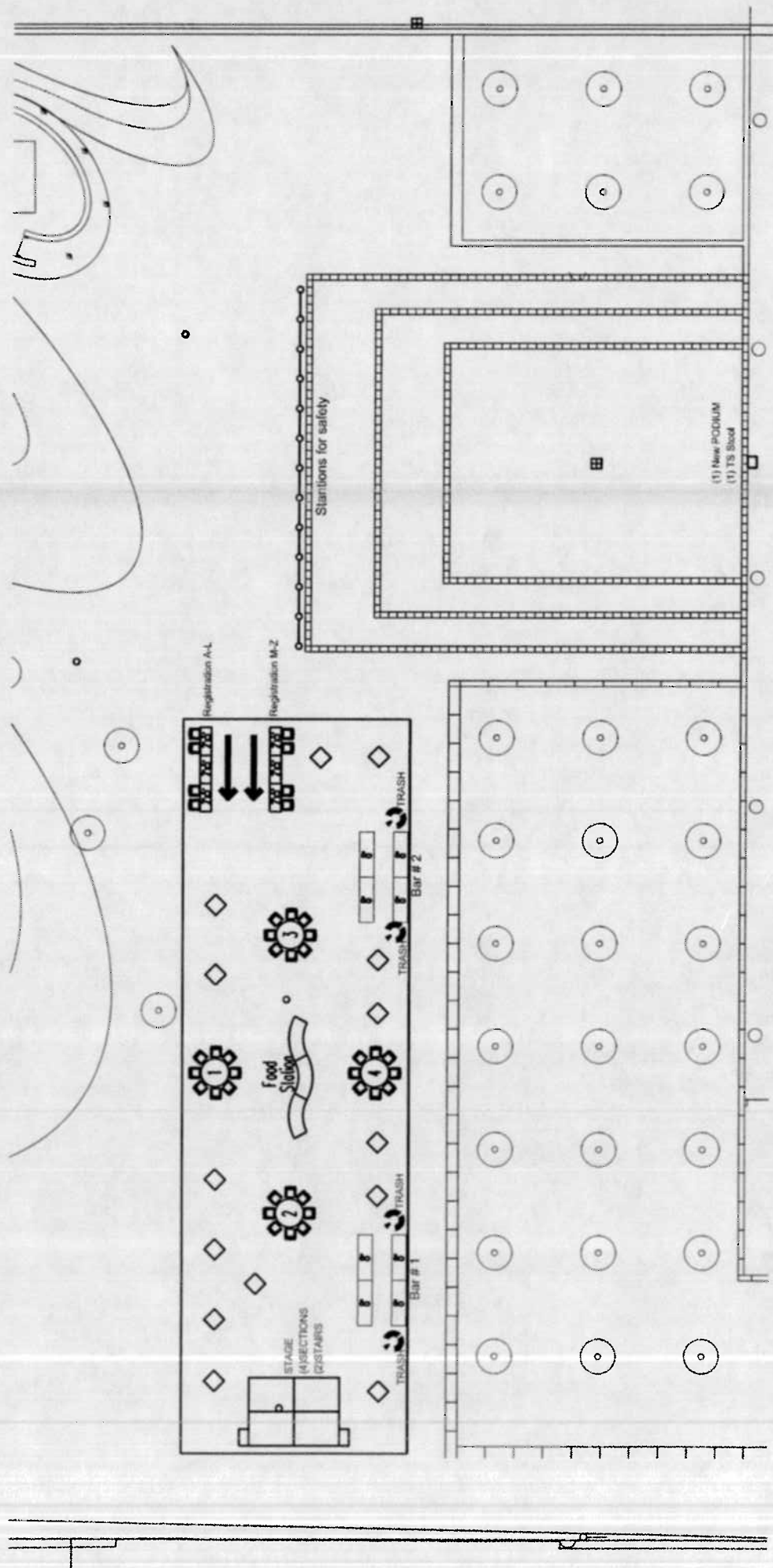
\_\_\_\_\_ first being duly sworn deposes and says that all of the information provided to the City of Detroit on this application is true, complete and correct, and that any misstatement, falsification, omission, or misrepresentation shall be grounds for refusal of the permit or revocation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Executed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Print Name: \_\_\_\_\_, Notary Public, \_\_\_\_\_ County

My Commission expires: \_\_\_\_\_



**MAYOR'S OFFICE COORDINATORS REPORT**OVERALL STATUS (please circle): ☒ **APPROVED** ☐ **DENIED** ☐ **N/A** ☐ **CANCELED**Petition #: 1228 Event Name: St. Joseph OktoberfestEvent Date : September 24-25, 2016

Street Closure: \_\_\_\_\_

Organization Name: Mother of Divine Mercy ParishStreet Address: 4440 Russell St, Detroit 48207

Receipt date of the <b>COMPLETED</b> Special Events Application:	August 3, 2016
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- ☐ Walkathon    ☐ Carnival/Circus    ☐ Concert/Performance    ☐ Run/Marathon  
☐ Bike Race    ☐ Religious Ceremony    ☐ Political Ceremony    ☒ Festival  
☐ Filming    ☐ Parade    ☐ Sports/Recreation    ☐ Rally/Demonstration  
☐ Fireworks    ☐ Convention/Conference    ☐ Other: \_\_\_\_\_  
☒ 24-Hour Liquor License

**Petition Communications** (include date/time)

Family fundraising festival in the church parking lot, social hall and church building

**\*\* ALL permits and license requirements must be fulfilled for an approval status \*\***

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7th precinct will assist the event
	DFD/ EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tent inspections required
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No ROW permit required
	Health Dept.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No street closures
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tent permits required
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No impact on buses

**MAYOR'S OFFICE**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*[Handwritten Signature]*

8-12-16

Janice M. Winfrey  
City Clerk

City of Detroit  
OFFICE OF THE CITY CLERK

Vivian A. Hudson  
Deputy City Clerk

**DEPARTMENTAL REFERENCE COMMUNICATION**

*Wednesday, August 03, 2016*

*To: The Department or Commission Listed Below*

*From: Janice M. Winfrey, Detroit City Clerk*

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The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

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MAYOR'S OFFICE    DPW - CITY ENGINEERING DIVISION  
POLICE DEPARTMENT    FIRE DEPARTMENT  
BUILDINGS SAFETY ENGINEERING    BUSINESS LICENSE CENTER

**1228**    *Mother of Divine Mercy Parish, request to hold "St. Joseph Oktoberfest" at 1828 Jay St. on September 24-25, 2016 from 12:00pm to 8:00pm.*

# City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the special events guidelines, please print them out for reference. You are required to complete the information below so that the City of Detroit can gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the City of Detroit Clerk's Office at least 60 days prior to the first day of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets or maps as needed.

## Section 1- GENERAL EVENT INFORMATION

Event Name: St. Joseph Oktoberfest

Event Location: St. Joseph Church, Mother of Divine Mercy Parish  
1828 Jay St, Detroit 48207

## Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Mother of Divine Mercy Parish

Organization Mailing Address: 4440 Russell St., Detroit, MI 48207

Business Phone: 313-831-6659

Business Fax: 313-831-8522

Federal Tax ID # 46-3024378

*If registered as a non-profit, indicate non-profit ID number and attach a copy of the certificate.*

Applicant Name: Rev. Gregory Tokarski

Title/Role: Pastor, Mother of Divine Mercy Parish

Email Address:

Mailing Address: 4440 Russell St., Detroit, MI 48207

Business Phone: 313-831-6659

Business Fax:

Event On-Site Contact Person: Teresa Chisholm - Oktoberfest Chairman

Mailing Address: 29800 Drake Rd, Farmington Hills, MI 48331

Business Phone: 248.376.7228 cell

Business Fax:

StJosephOktoberfestDetroit@gmail.com

*List name/phone number of person(s) authorized to make decisions for the organization/event (indicate role/responsibility).*

Additional on-site: Alexander Sebastian 734.626.4157, John Blanchard

List Event Sponsors:

248.990.8609

### Event Elements (check all that apply)

☐ Walkathon

☐ Carnival/Circus

☐ Concert/Performance

☐ Run/Marathon

☐ Bike Race

☒ Religious Ceremony

☐ Political Event

☒ Festival

☐ Filming

☐ Parade

☐ Sports/Recreation

☐ Rally/Demonstration

☐ Convention/Conference

☐ Fireworks

☐ Other: \_\_\_\_\_

**Provide a brief description of your event:**

St. Joseph Oktoberfest is a relatively small, family-friendly fundraising festival in the church parking lot, social hall and church building. It includes bands, German dancers, food and drink, church tours, and kids games.

**What are the projected set-up, event and tear down dates and times (must be completed)?**

Begin Set-up Date & Time: 9-23-16 9am Complete Set-up Date & Time: 9-24-16 noon  
Event Start Date & Time: 9-24-16 noon Event End Date & Time: 9-25-16 8pm  
Begin Tearing Down Date: 9-25-16 8pm Complete Tear Down Date: 9-26-16 5pm  
Event Times (If more than one day, give times for each day): Sat, 9-24-16 noon - 9pm  
Sun, 9-25-16, noon - 8pm (10:30 AM Mass)

**Is this the first time you have held this event in the City of Detroit?** ☐ Yes ☒ No

If no, what years has the event been held in Detroit?

Since 2006 - began very small

When was the event last held in Detroit?

Sept 26 - 27, 2015

Where was the event last held in Detroit?

St. Joseph Church (same location)

What were the hours last year?

Sept 26, 5-9pm; Sept 27 1:30-8pm

Project Attendance This Year (Minimum - Maximum)?

1,000 - 1,500

What is the basis for your projected attendance? Last year we estimate the attendance was 1,000 and we hope to increase based on expanded hours and advertising

**Please describe your anticipated/ target audience:**

Is this going to be an annual event? ☒ Yes ☐ No

If yes, do you have a preferred/proposed for next year?

Sept 23-24, 2017

If a parade is planned. Indicate elements (check all that apply):

☐ People

☐ Balloons

N/A

☐ Floats

☐ Animals

☐ Vehicles

☐ Other: \_\_\_\_\_

☐ Bands

**If animals included, specify type, number and how used.**

N/A

Name of business supplying animal(s):

Contact Person:

Address:

Phone:

City/State/Zip:

### Section 3- LOCATION/SITE INFORMATION

Location of Event: St. Joseph church - 1828 Say Street, Detroit - church, hall, parking lot

Facilities to be used (circle):      Street                      Sidewalk                      Park                      City Facility

Please attach a site plan which illustrates the anticipated layout of your event including the following:

- |                                   |  |
|-----------------------------------|--|
| -Public entrance and exit         | -Location of First Aid                 |
| -Location of merchandising booths | -Location of fire lane                 |
| -Location of food booths          | -Proposed route for walk/run           |
| -Location of garbage receptacles  | -Location of tents and canopies        |
| -Location of beverage booths      | -Sketch of street closure              |
| -Location of sound stages         | -Location of bleachers                 |
| -Location of hand washing sinks   | -Location of press area                |
| -Location of portable restrooms   | -Sketch of proposed light pole banners |

### Section 4- ENTERTAINMENT

What type of entertainment will be used? (check all that apply)

- ☒ Singers                      ☐ Magician  
☒ Musicians                      ☐ Story Telling  
☐ Comedians                      ☐ Other: \_\_\_\_\_

Describe the entertainment for this year's event: jazz band, 60s band, German bands, traditional German dancers

List proposed entertainers and/or bands performing at the event: Immigrant Sons band, Notre Dame Prep Jazz Band, The Liras Special Edition, Siasswasser TanzMusik, Carpathian dancers, GTEV Edelweiss

Will a sound system be used?      ☒ Yes      ☐ No

If yes, what type of sound system? each band will bring its own sound system

☒ Acoustic-audible, sound heard within natural range

☐ Amplified-augmented, sound increased to broaden range

The amplified sound will be used: \_\_\_\_\_

Will the event consist of a musical concert?      ☐ Yes      ☐ No      Just bands playing under the tent in our parking lot

If yes, what type of music? (check all that apply)

☒ Live                      ☐ Recorded                      ☐ Karaoke/Lip-synch

Describe specific power needs for entertainment and/or music: \_\_\_\_\_

How many generators will be used? none

How will the generators be fueled? \_\_\_\_\_

Name of vendor providing generators: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address:

Phone:

City/State/Zip:

### Section 5- COMMUNICATION/ADVERTISING STRATEGY

Check all applicable boxes that describe the type of promotion you plan to use to attract participants:

☒ Radio (Specify stations): Ave Maria Radio AM 990

☐ Television (Specify stations):

☒ Newspapers (specify papers): community calendars for newspapers online

☒ Web site (identify web address): Mother of Divine Mercy.org and social media

☐ Public Relations or Marketing Firm (Specify):

Contact Info:

☒ Raffle (List Item(s)): Raffle NO. R38168 ; Grand Prize \$1,000

☐ Billboards

☒ Flyers

☐ Street Banners

☒ Other (specify): Banner attached to our church's sign along Gratiot

NOTE: All raffles subject to laws of State/City.

### Section 6- SALES INFORMATION

Will there be advanced ticket sales? ☐ Yes ☒ No

If yes, please describe:

Will there be on-site ticket sales? ☐ Yes ☒ No

If yes, list price(s):

Will food be sold? ☒ Yes ☐ No

If yes, please pick up Special Events Vendor Packet in Suite 105:

Will merchandise be sold? ☒ Yes ☐ No

If yes, describe: t-shirts and religious articles

Will a percentage of the proceeds be distributed to a charitable organization? ☐ Yes ☐ No

If yes, describe:

If the event is a fundraiser, identify charity or recipient of funds:

Mother of Divine Mercy Parish

Will there be vending or sales? ☒ Yes ☐ No

If yes, check all that apply:

☒ Food will obtain Temporary Food Establishment License

☒ Non-Alcoholic Beverages

☒ Merchandise t-shirts and religious articles

☒ Alcoholic Beverages we will obtain Liquor License

(Mother of Divine Mercy Parish Sales Tax license - Account Number 46-3024378)

☐ Other (specify):

Indicate type of items to be sold:

Will these be exclusive vendors or outside vendors? (please describe): \_\_\_\_\_

### Section 7- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Existing park contract security will be used.

Contact Person:

Joe Mackoud - J-Mack Agency, LLC

Address:

PO BOX 645

Phone:

313-574-5000

City/State/Zip:

St Clair Shores, MI 48080

877-995-6225

Number of Private Security Personnel Hired Per Shift:

2

Are the private security personnel (check all that apply):

☒ Licensed

☒ Armed

☒ Bonded

Describe the emergency evacuation plan: \_\_\_\_\_

Describe the parking plan to accommodate anticipated attendance:

outside lot, street parking, plus parking with permission at three lots (2000 Gahot, 2211 Orleans, 2120 Orleans) with insurance to cover those lots

How will you advise attendees of parking options?

yes

Are you seeking a group parking rate? \_\_\_\_\_

### Section 8- COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

somewhat more traffic than usual, visual sights of the festival

Have local neighborhood groups/businesses approved your event?

☒ Yes

☐ No

Indicate what steps you have or will take to notify them of your event:

The surrounding property owners know about Oktoberfest and have given us permission to use their lots for parking.

Indicate contact names and phone numbers (for verification) or attach approved letter(s):

2000 Gahot - Susan Tait 313-826-9955

2211 Orleans (Detroit Housing Commission) - Joy Flood 313.877.8891

2120 Orleans - Tara 248.577-2632

### Section 9- EVENT SET-UP

Complete the appropriate categories that apply to the event.

Structure

How Many? \_\_\_\_\_

Size/Height \_\_\_\_\_

Booth \_\_\_\_\_

Tent (enclosed on 3 sides)

Tents - 40x60, 10x10<sup>(4)</sup>, 10x20 (6), 20x30  
all rented from STR Event Rental in Troy, MI

Canopy (open on all sides) \_\_\_\_\_

Staging/Scaffolding \_\_\_\_\_

Bleachers \_\_\_\_\_

**Company:**

Grill

☐ Gas

☐ Charcoal

☐ Electrical

☒ Propane

Fireworks (Pyrotechnics) \_\_\_\_\_

☐ Aerial

☐ Stage

Provide Sketch:

Portable Restrooms:

☒ Standard

☒ ADA Accessible

- Parkway Services in Ypsilanti, MI

Vehicles

Type/Weight: \_\_\_\_\_

Other: \_\_\_\_\_

NOTE: Specific requirements must be met and special approval must be received by the Detroit Fire Department.

Will additional electrical wiring need to be installed? Specify locations, voltage, amperage, and phase.

\_\_\_\_\_  
\_\_\_\_\_

Will additional utility services be used (power, water, etc.)? Please describe.

\_\_\_\_\_

Do you plan a fireworks display? List dates, time, location, vendor, and attach certificate of insurance.

no \_\_\_\_\_

\_\_\_\_\_



### Section 10- COMPLETE ALL THAT APPLY

Name of Sanitation Company collecting refuse and garbage?

Contact Person: Republic Services  
Address: 14620 Deguire St. Phone: 313-883-7614  
City/State/Zip: Detroit, MI 48212

Name of company providing emergency medical services?

Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

Name of company providing porta-johns. Parkway Services

Contact Person: Kathy Mular  
Address: 2876 Tyler Rd. Phone: 734-482-7633  
City/State/Zip: Ypsilanti, MI 48198

Name of private catering company?

Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

### SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval.

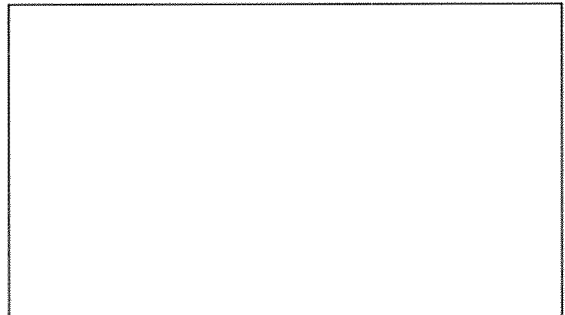
no street closures

Attach a map or sketch of the proposed area for closure.

STREET NAME: \_\_\_\_\_

FROM \_\_\_\_\_  
TO \_\_\_\_\_

Closure Dates: \_\_\_\_\_  
Beg. Time: \_\_\_\_\_  
End Time: \_\_\_\_\_  
Reopen Date: \_\_\_\_\_  
Time: \_\_\_\_\_



**STREET NAME:** \_\_\_\_\_

FROM \_\_\_\_\_  
TO \_\_\_\_\_

Closure Dates: \_\_\_\_\_  
Beg. Time: \_\_\_\_\_  
End Time: \_\_\_\_\_  
Reopen Date: \_\_\_\_\_  
Time: \_\_\_\_\_

**STREET NAME:** \_\_\_\_\_

FROM \_\_\_\_\_  
TO \_\_\_\_\_

Closure Dates: \_\_\_\_\_  
Beg. Time: \_\_\_\_\_  
End Time: \_\_\_\_\_  
Reopen Date: \_\_\_\_\_  
Time: \_\_\_\_\_

**STREET NAME:** \_\_\_\_\_

FROM \_\_\_\_\_  
TO \_\_\_\_\_

Closure Dates: \_\_\_\_\_  
Beg. Time: \_\_\_\_\_  
End Time: \_\_\_\_\_  
Reopen Date: \_\_\_\_\_  
Time: \_\_\_\_\_

**Requested City Equipment** — *none*

Provided In: \_\_\_\_\_ (year)

Current Request: \_\_\_\_\_ (year)

Street Closures:

☐ Posting no parking signs

☐ Light pole

☐ Electrical Services

☐ Storage for Trailers/Trunks

**Barricades are not available from the City of Detroit.**

#### **ADDITIONAL INFORMATION**

Is there any additional information that you feel is important to mention regarding your event or additional requests?

*The St. Joseph Oktoberfest is a relatively small fundraising festival for the historic churches of Mother of Divine Mercy Parish. It takes place in our parking lot, social hall, and church only.*

# AUTHORIZATION & AFFADAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulation established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.



Signature of Applicant

7-17-2010

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

St. Joseph Oktoberfest  
Mother of Divine Mercy  
Parish

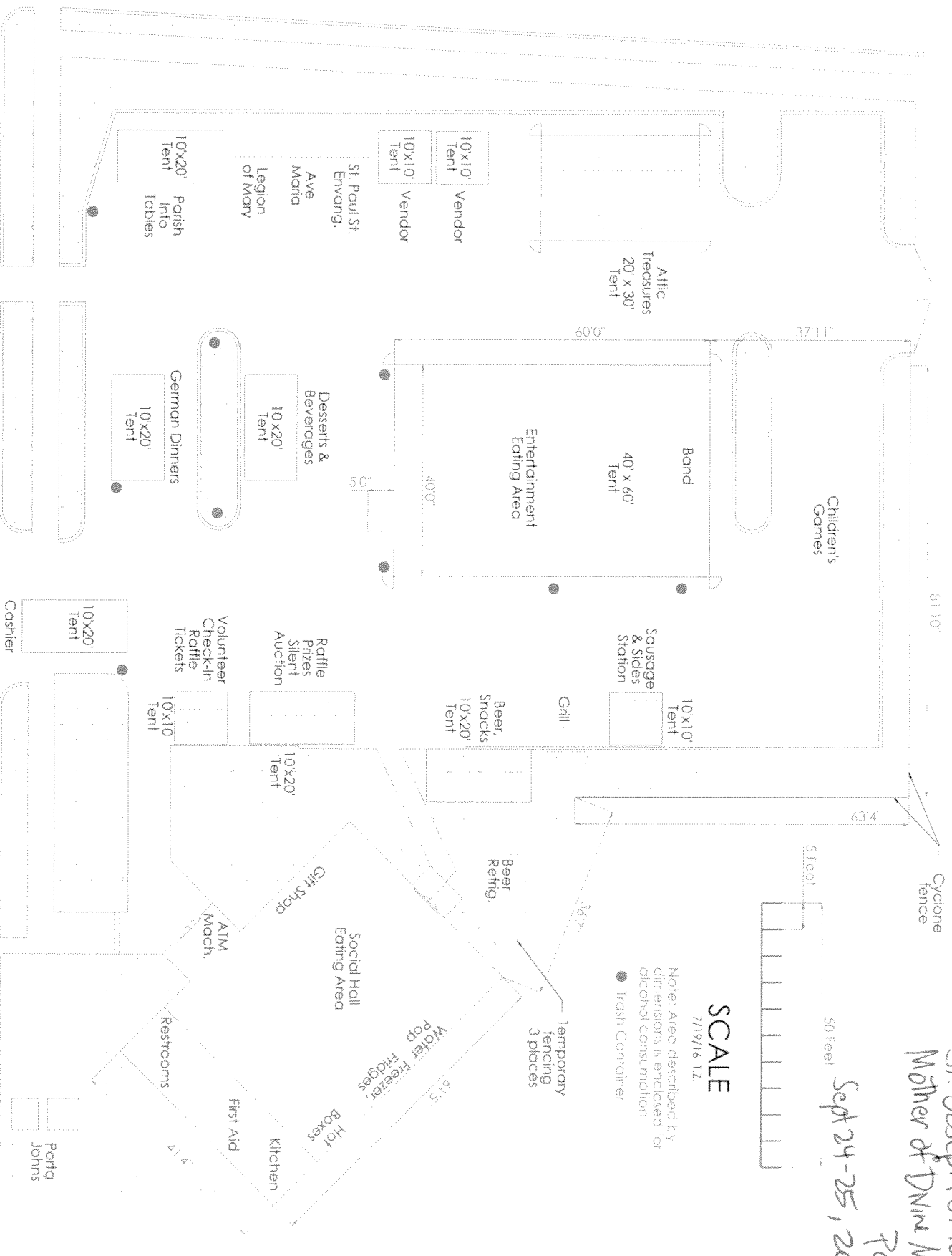
Sept 24-25, 2010

# SCALE

7/19/16 T.L.

Note: Area described by dimensions is enclosed for alcohol consumption

● Trash Container



160

## MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle): ☒ **APPROVED** ☐ **DENIED** ☐ **N/A** ☐ **CANCELED**

Petition #: 1243 Event Name: Mustache Dache

Event Date: November 12, 2016

Street Closure: \_\_\_\_\_

Organization Name: RUNdetroit

Street Address: 441 W. Canfield #5, Detroit 48201

Receipt date of the <b>COMPLETED</b> Special Events Application:	August 16, 2016
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Walkathon              | <input type="checkbox"/> Carnival/Circus       | <input type="checkbox"/> Concert/Performance | <input checked="" type="checkbox"/> Run/Marathon |
| <input type="checkbox"/> Bike Race              | <input type="checkbox"/> Religious Ceremony    | <input type="checkbox"/> Political Ceremony  | <input type="checkbox"/> Festival                |
| <input type="checkbox"/> Filming                | <input type="checkbox"/> Parade                | <input type="checkbox"/> Sports/Recreation   | <input type="checkbox"/> Rally/Demonstration     |
| <input type="checkbox"/> Fireworks              | <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Other: _____        |  |
| <input type="checkbox"/> 24-Hour Liquor License |  |  |  |

### Petition Communications (include date/time)

Annual event to raise awareness and funds for Men's Health issues

**\*\* ALL permits and license requirements must be fulfilled for an approval status \*\***

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD 7th precinct will assist the event
	DFD/EMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contracted with Hart Medical to provide emergency medical assistance
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no ROW permit required DPD will assist the race
	Health Dept.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD will assist with closures
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	20 x 20 tent requires permit
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food trucks need licenses el guappo and hero or vilian
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No impact on buses

**MAYOR'S OFFICE**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Liliana Vazquez*  
 8-23-2016

**City of Detroit**  
**OFFICE OF THE CITY CLERK**

Janice M. Winfrey  
City Clerk

Vivian A. Hudson  
Deputy City Clerk

**DEPARTMENTAL REFERENCE COMMUNICATION**

*Tuesday, August 16, 2016*

*To: The Department or Commission Listed Below*

*From: Janice M. Winfrey, Detroit City Clerk*

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The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

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MAYOR'S OFFICE    DPW - CITY ENGINEERING DIVISION  
POLICE DEPARTMENT    FIRE DEPARTMENT  
MUNICIPAL PARKING DEPARTMENT    BUSINESS LICENSE CENTER  
BUILDINGS SAFETY ENGINEERING

**1243**    *RUNdetroit, request to host "Mustache Dache" along the Rivertown Warehouse District/Detroit Riverwalk on November 12, 2016 from 10:00am to 11:00am with temporary street closures.*

# City of Detroit Special Events Application

CITY CLERK 11 AUG 2016 PM 4:13

Successful events are the result of advance planning, effective communication and teamwork. You are required to complete the information below so that the City of Detroit can gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the City of Detroit Clerk's Office. There is a 90 day review process. At the end of the 90 days, the petition could either be approved or denied by departments. Please take into consideration the amount of time it will take to plan the event when submitting the application. If submitted later than 90 days prior, application is subject to denial. Please type or print clearly and attach additional sheets or maps as needed.

## Section 1- GENERAL EVENT INFORMATION

Event Name: Mustache Dache  
Event Location: Detroit, MI. Rivertown Warehouse District/ Dertoit Riverwalk.

## Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: RUNdetroit  
Organization Mailing Address: 441 W. Canfield #5. Detroit, MI 48201  
Business Phone: 313.638.2831 Business Fax: NA  
Federal Tax ID #: 46-0729007

*If registered as a non-profit, indicate non-profit ID number and attach a copy of the certificate.*

Applicant Name: Justin Craig  
Title/Role: President  
Email Address: justin@run-detroit.com  
Mailing Address: 441 W. Canfield #5, Detroit, MI 48201  
Business Phone: 313.638.2831 Business Fax: NA

Event On-Site Contact Person:  
Mailing Address: Justin Craig, 441 W. Canfield #5, Detroit, MI 48201  
Business Phone: 313.638.2831 Business Fax: NA

*List name/phone number of person(s) authorized to make decisions for the organization/event (indicate role/responsibility).*

List Event Sponsors:  
RUNdetroit, Atwater Brewing, Movember,

Event Elements (check all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Walkathon               | <input type="checkbox"/> Carnival/Circus   | <input type="checkbox"/> Concert/Performance |
| <input checked="" type="checkbox"/> Run/Marathon | <input type="checkbox"/> Bike Race         | <input type="checkbox"/> Religious Ceremony  |
| <input type="checkbox"/> Political Event         | <input type="checkbox"/> Festival          | <input type="checkbox"/> Filming             |
| <input type="checkbox"/> Parade                  | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Convention/Conference   | <input type="checkbox"/> Fireworks         | <input type="checkbox"/> Other: _____        |